

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP -2 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 599081

1. Corporation Name

MILTON A. FRIED, P.A.

2. Principal Office Address

880 N.E. 69<sup>TH</sup> ST.

Suite, Apt. #, etc.

10 ✓

City & State

MIAMI, FLORIDA

Zip

33138

Country

USA

3. Mailing Office Address

P.O. Box 927

Suite, Apt. #, etc.

BUENA VISTA STATION

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-29-1978

5. FEI Number

591899906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BROOKE FRIED

Street Address (P.O. Box Number is Not Acceptable)

5161 NORTH BAY ROAD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Brooke Fried

Date

8/26/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| PRES   | MILTON A. FRIED                      | 7441 WAYNE AVE, PH-D                              | MIAMI BEACH, FL 33140 |
| V      | BROOKE FRIED                         | 5161 NORTH BAY ROAD                               | MIAMI BEACH, FL 33140 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Milton A. Fried

MILTON A. FRIED

Date

8-26-04

Daytime Phone #

305-758-8818